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	77.77		PART B	B - FEE(S)	TRA	NSMITTAL			
<b>∕</b> c	· 42.\	this form, together w	ith applicable	plicable fee(s), to: Mail		Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450			
١	N 5 6 1000 E				Alexandria, Virginia 22313-1450 <u>Fax</u> (571)-273-2885				
N.	NUSTRICTION This form should be used for transmissing be ISSUE FEE and PUBLICATION FEE (if required). Blocks I though 5 should be completed when properties are correspondence including the Publicant, absence orders and notification of maintenance fees with another than correspondence address and another than the contraction of the con								
	CURRENT CORRESPONDENCE ADDRESS (Notifit Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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5/3	CONCORD, MA 0 0/2006 CCHAU2 00000	ONCORD, MA 01742-9133 06 CCHAUZ 00000052 10608863				Linda M. Byrnes		(Depositor's name)	
					Myste M Longe		(Signature)		
2 F	C:1501 C:8001	)1 45.00 UP				May 2	2006	(Date)	
3 F	APPLICATION NO.	FILING DATE	FIRST NAMED IN		INVEN	TOR /	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/608.863	06/27/2003	Ryoichi Hash		Hashida		3462.1003-000	8202	
	TITLE OF INVENTION: METHODS OF TESTING FOR ATOPIC DERMATITIS BY MEASURING EXPRESSION OF THE NOR-1 GENE								
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional NO		\$1400		\$300		\$1700	07/05/2006	
	EXAMINER		ART UNIT		cı	LASS-SUBCLASS	j		
	HOWARD, ZACHARY C		1646			435-007200			
	<ol> <li>Change of correspondence address or indication of "Fee Addre CFR 1.363).</li> </ol>					the patent front page, list Hamilton, Brook, Smi			
	Change of correspond	Correspondence or agents OR, a			lternatively,				
	PTO/SB/47; Rev 03-02		(2) the nar registered	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
	PTO/SB/47; Rev 03-02 o Number is required.	e of a Customer	f a Customer 2 registered patent attorneys or agents. If no name is slisted, no name will be printed.						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TH				HE PATENT (print or type)				
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							document has been filed for	
c	(A) NAME OF ASSIGN	EE ·		(B) RESIDE	NCE: (C	CITY and STATE OR			
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	5. Change in Entity Status (from status indicated above)								
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Authorized Signature Dawn E. Brook Date 5/22/06 Typed or printed name David E. Brook Registration No. 22,592

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